

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE
YOU MUST
COMPLETE
THE
FOLLOWING:
↓

Full Name of First
or Sole Inventor
Residence Name of
First Inventor
Inventor Date This
Document is Signed

Initials
Inventor

Initials
Post Office
Address

Full Name of Second
Inventor, if any,
see above

Full Name of Third
Inventor, if any,
see above

Full Name of Fourth
Inventor, if any,
see above

Full Name of Fifth
Inventor, if any,
see above

Full Name of Sixth
Inventor, if any,
see above

GIVEN NAME/FAMILY NAME Scott A. Williams	INVENTOR'S SIGNATURE 	DATE* 2/12/07
Residence (City, State & Country) Livonia, New York		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 105 Kensington Court, Livonia, New York 14487		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE